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DEPARTMENT OF COMMERCE AND
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COMPLAINTS AND
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STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
134A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-
216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIIWA STREET, ROOM 204
LIHUE, HAWAII 96766

Dear Consumer:

Before filing your complaint with the Regulated Industries Complaints Office (RICO), we request that you:

- ❖ Write to the other party to resolve your complaint and
- ❖ **Send a copy of your letter to our office**
- ❖ A *Sample Complaint Letter* is attached for your reference

If you know or suspect that the respondent is not appropriately licensed for the type of activity he is engaging in, you may file a complaint directly with RICO without further contact with the respondent. RICO does not condone the hiring of an unlicensed person or encourage any unlicensed person/entity to finish a project.

If you do not receive a response within 14 days, or the response you receive is not satisfactory:

- ❖ Notify RICO **in writing by completing the enclosed complaint form**
- ❖ **Attach copies of your correspondence with the other party**
- ❖ Include **copies** of all pertinent documents regarding your complaint

If you have already written to the respondent in an attempt to resolve your concerns, you may file your complaint with our office without further contact with the respondent. Please provide us with a copy of your correspondence with the respondent.

After we receive your written complaint, an investigator in the Consumer Resource Center (CRC) will:

- ❖ Review your complaint to see if RICO has jurisdiction
- ❖ Determine if there is enough information and evidence to indicate a possible licensing law violation
- ❖ Or, determine if your complaint qualifies for RICO's **mediation program**.

Please be aware that:

- ❖ If you wish to submit a complaint **anonymously**, you will not be informed about what is happening to your complaint as determinations are made.

- ❖ If your complaint is accepted into our case processing system, an investigation and possible legal action could result. RICO is responsible for enforcing certain regulatory laws on behalf of the state of Hawaii. Because we serve the state's interests, we do not act as attorneys or advisors for complainants.
- ❖ Based on your complaint, the violations we allege are determined by the laws and the types of sanctions we may seek. Depending upon the type of case, we may seek fines, injunctions, license suspensions or revocations, or restitution. However, although we ask in our complaint form what would be an acceptable resolution of your complaint, please keep in mind that we may not be able to assist you with what you want.
- ❖ Unless you indicate otherwise, your complaint will be considered confidential and will be used for RICO purposes only. You may also seek the advice of your attorney to protect any claims you may have.

To call Oahu-RICO, dial the following toll free numbers: Kauai 274-3141, extension 73222; Maui 984-2400, extension 73222; Big Island 947-4000, extension 73222; Molokai and Lanai 1-800-468-4644, extension 73222.

This printed material may be made available for individuals with special needs in Braille, large print or audio tape. Please submit your request to the Complaints and Enforcement Officer by calling 586-2666.

SAMPLE COMPLAINT LETTER

Your Address

Your City, State, Zip Code

Today's Date

Name of Person You are Complaining To

Title *(if applicable)*

Company Name *(if applicable)*

Street Address or P.O. Box Number

City, State, Zip Code

Dear *(Name of person you are complaining to)*:

The Regulated Industries Complaints Office (RICO) recommended I write this letter to you.

On *(date)*, I *(bought, leased, rented, had repaired, signed a contract, etc)* a/for *(name of product or service performed)* at *(location, or other important details about the transaction)*.

Unfortunately, your *(product or service)* has not been satisfactory **because** *(state the problem(s))*. I am disappointed because *(explain your concerns)*.

To resolve the problem, I would appreciate your *(state the specific action you want)*. Enclosed are copies of my records *(receipts, warranty, cancelled checks – front and back, contracts, and any other pertinent documentation)*.

I look forward to your written reply and resolution to my problem. Please respond within 14 days of the receipt of this letter or by *(state date 14 days from today's date)*. If I do not hear from you I will seek assistance from RICO. Please contact me at the above address or by telephone at *(insert your phone number[s])*.

Very truly yours,

(Your Name)

Enclosures

cc: Regulated Industries Complaints Office

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
REGULATED INDUSTRIES COMPLAINTS OFFICE
CONSUMER RESOURCE CENTER
OAHU OFFICE
235 SOUTH BERETANIA STREET, 9TH FLOOR
HONOLULU, HI 96813
www.state.hi.us/dcca/rico

For Official Use Only

**MOTOR VEHICLE REPAIR
COMPLAINT FORM**

Case No. _____

The motor vehicle repair dealer you complained against will be informed of this complaint to facilitate resolution of this matter. Your complaint may also be referred to mediation, if appropriate. This complaint will not be processed unless this form is complete, legible, signed, dated and includes copies of all available evidence.

YOUR NAME

Please print legibly or type (Last) (First) (Middle)

☐ Mr.

☐ Ms.

☐ Mrs.

Social security number (optional, for identification purposes only): _____

Address: _____

Telephone number where you may be contacted (8:00am-4:30pm): _____

Residence number: _____

Business number: _____

NAME OF MOTOR VEHICLE REPAIR DEALER YOUR COMPLAINT IS AGAINST

Name: _____

Address: _____

Phone number: _____

License number: _____

Name of person you dealt with: _____

1. Have you contacted the repair dealer to try and resolve your complaint?

If you have not done so, please attempt to resolve your complaint with the repair dealer before filing this complaint.

☐ Unable to contact the repair dealer

☐ Yes (Please tell us what happened. Include names of persons you contacted and dates of contact)

OTHER INFORMATION

2. Description of vehicle:

Year: _____ Make: _____ Model: _____ Mileage: _____

3. Is the vehicle still under the manufacturer's warranty? ☐ Yes ☐ No
extended service contract? ☐ Yes ☐ No

15. Have you obtained an estimate from another repair dealer? ☐ Yes ☐ No
If yes, please provide the name, address and phone number of the repair dealer, and a copy of the estimate.

Name: _____

Address: _____

Phone: _____

16. Have you filed in court to recover damages on this complaint? ☐ Yes ☐ No

If yes, please provide documentation.

17. The following documents are attached to support my complaint. **Please attach COPIES. Do not submit originals; they will not be returned to you.**

- | | |
|---|---|
| <input type="checkbox"/> Repair order(s) | <input type="checkbox"/> Receipts |
| <input type="checkbox"/> Warranty/guarantee | <input type="checkbox"/> Credit card slip |
| <input type="checkbox"/> Estimate | <input type="checkbox"/> Canceled check, front and back |

FOR YOUR INFORMATION

- | | |
|--|---|
| A. In addition to this complaint, you may also file an action in civil court. If your dispute involves an amount of \$3,500 or less, you may consider filing a claim in Small Claims Court. Please get advice from an attorney on filing such a claim. | B. RICO cannot represent private citizens in court nor collect money for you. Please contact an attorney for advice on filing such an action. |
|--|---|

The information contained in this form is true, correct, and complete to the best of my knowledge. I understand RICO is unable to represent private parties in court.

Sign here:

Date:

*Please submit this form with your **original** signature (failure to do so may delay the processing of your complaint).

THANK YOU FOR ASSISTING OUR EFFORTS TO REVIEW YOUR COMPLAINT

FOR OFFICE USE ONLY

BREG CHECK: Yes ☐ (if yes, attach printouts) No ☐

PVL CHECK: Yes ☐ (if yes, attach printouts) No ☐

PRIOR COMPLAINT HISTORY: Yes ☐ (if yes, attach printouts) No ☐

Other information:
